

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

13737 Noel Road, Suite 100

Check if different
than previously
reported. (ACC)

Dallas

TX

75240

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00119354

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report(Q1)July 15
Quarterly Report(Q2)October 15
Quarterly Report(Q3)January 31
Quarterly Report(YE)July 31 Mid-Year
Report(Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2009

through

07

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Todd Plott

Signature of Treasurer

Electronically Filed by Todd Plott

Date

08

20

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		24897.12
(b) Cash on Hand at Beginning of Reporting Period	55921.32	
(c) Total Receipts (from Line 19)	9226.60	60250.80
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	65147.92	85147.92
7. Total Disbursements (from Line 31)	13500.00	33500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	51647.92	51647.92
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	7	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	7908.60	40297.72
(ii) Unitemized	1318.00	19953.08
(iii) TOTAL (add Lines 11(a)(i) and (ii)	9226.60	60250.80
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	9226.60	60250.80
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	9226.60	60250.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9226.60	60250.80

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13000.00	33000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	500.00	500.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	13500.00	33500.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13500.00	33500.00	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	9226.60	60250.80
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9226.60	60250.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GARY J SLOAN

Mailing Address 615 STEVENS CT

City

DANVILLE

State

CA

Zip Code

94506-4805

FEC ID number of contributing
federal political committee.

C

Name of Employer
SAN RAMON REGION MEDICAL
CENTER

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: 30173497

Amount of Each Receipt this Period

500.00

2009 PAC Contribution

B.

Full Name (Last, First, Middle Initial)

Robert M Krieger

Mailing Address 1266 Fruit Cove Road North

City

Jacksonville

State

FL

Zip Code

32259-2883

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tenet Healthcare Corp

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 0 9

Transaction ID: 30316663

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

ELIZABETH LAMKIN

Mailing Address 31 WICKLOW DRIVE

City

HILTON HEAD

State

SC

Zip Code

29928-3354

FEC ID number of contributing
federal political committee.

C

Name of Employer
HILTON HEAD HOSPITAL

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR1025760422358

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1040.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ROBERT RUSSELL

Mailing Address 1001 SARANAC PARK

City

PEACHTREE CITY

State

GA

Zip Code

30269-1274

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTH FULTON MEDICAL CENT-
ER

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR115911622358

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

SHELLEY GILES

Mailing Address 3803 STOCKTON LN

City

DALLAS

State

TX

Zip Code

75287-4919

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR1479664422358

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

STEPHEN M MOONEY

Mailing Address 4619 BRIAR OAKS CR

City

DALLAS

State

TX

Zip Code

75287-7503

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
SVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

984.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR148119922358

Amount of Each Receipt this Period

192.00

P/R Deduction (\$96.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

282.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JANIE PATTERSON

Mailing Address 1403 CROCKETT DR

City

FRISCO

State

TX

Zip Code

75034-1566

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR1481201222358

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

JEFFREY KOURY

Mailing Address 42 BARNEBURG

City

DOVE CANYON

State

CA

Zip Code

92679-4210

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

VP AND REGIONAL CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR1481203522358

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

MICHAEL K BURTNETT

Mailing Address 3405 HOWELL ST#9

City

DALLAS

State

TX

Zip Code

75204-2828

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR1568624522358

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

228.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

THOMAS RICE

Mailing Address 15126 FERDINAND DR

City

DALLAS

State

TX

Zip Code

75248-6437

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

SVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR1592856022358

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

CHARLES CONKLIN

Mailing Address 3901 HEARST CASTLE WAY

City

PLANO

State

TX

Zip Code

75025-2011

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

372.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR1592857222358

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

ROBERT SMITH

Mailing Address 5325 TATE AVE

City

PLANO

State

TX

Zip Code

75093-3433

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

SVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR1592857722358

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

232.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 10 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RICKY JOHNSTON

Mailing Address 404 N.CHURCH ST

City

MCKINNEY

State

TX

Zip Code

75069

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR1592858222358

Amount of Each Receipt this Period

90.00

P/R Deduction (\$45.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

JAY MIRANDA

Mailing Address 15871 SW 148 TERRACE

City

MIAMI

State

FL

Zip Code

33196-5701

FEC ID number of contributing
federal political committee.

C

Name of Employer

CORAL GABLES HOSPITAL

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR1734839222358

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

JASON E EVANS

Mailing Address 1808 FLINT RIDGE DR

City

ALLEN

State

TX

Zip Code

75002-1567

FEC ID number of contributing
federal political committee.

C

Name of Employer

LAKE POINTE MEDICAL CENTER

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR1735905222358

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

208.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DANIEL WALDMANN

Mailing Address 2001 19TH STREET NW #5

City

WASHINGTON

State

DC

Zip Code

20009-1346

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR1814798522358

Amount of Each Receipt this Period

160.00

P/R Deduction (\$80.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

MARK P LISA

Mailing Address 391 E MILGEO AVE

City

RIPON

State

CA

Zip Code

95366-2120

FEC ID number of contributing
federal political committee.

C

Name of Employer

DOCTORS HOSPITAL OF MANTE-
CA

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

492.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR2174141222358

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

LINDA OLLIS

Mailing Address 2717 COUNTRY CLUB AVE

City

OMAHA

State

NE

Zip Code

68104-4222

FEC ID number of contributing
federal political committee.

C

Name of Employer

CREIGHTON UNIVERSITY MEDI-
CAL CENTER

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR2174254222358

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

286.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PHILLIP SOWA

Mailing Address 621 BIRDSALL ST

City

HOUSTON

State

TX

Zip Code

77007-5101

FEC ID number of contributing
federal political committee.

C

Name of Employer
PARK PLAZA HOSPITAL

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR2174298122358

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

ROBERT J CUNNAH

Mailing Address 163 VILLAGIO WEST

City

PALM SPRINGS

State

CA

Zip Code

92262-6395

FEC ID number of contributing
federal political committee.

C

Name of Employer
DESERT REGIONAL MEDICAL
CENTER

Occupation
CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR2174361622358

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

DENNIS M LITOS

Mailing Address 3204 GREENGATE DR

City

MODESTO

State

CA

Zip Code

95355-8446

FEC ID number of contributing
federal political committee.

C

Name of Employer
DOCTORS MEDICAL CENTER-MO-
DESTO

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

408.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR2174541522358

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

252.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CATHRYN H FRASER

Mailing Address 272 ENCLAVES COURT

City

COPPELL

State

TX

Zip Code

75019-2125

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

SVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

864.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR2174559922358

Amount of Each Receipt this Period

192.00

P/R Deduction (\$96.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

BIGGS C PORTER

Mailing Address 4535 MANNING LANE

City

DALLAS

State

TX

Zip Code

75220-6434

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

CHIEF FINANCIAL OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR2174563622358

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

JEFFERY FLOCKEN

Mailing Address 27 NEW DAWN

City

IRVINE

State

CA

Zip Code

92620-1976

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

SVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR2174567322358

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

592.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SALLY A HURT-STEFFEN

Mailing Address 712 WALTHAM CT

City

EL PASO

State

TX

Zip Code

79922-2128

FEC ID number of contributing
federal political committee.

C

Name of Employer
SIERRA PROVIDENCE EASTSIDE
HOSPITAL

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR2248480222358

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

MICHAEL BLACKBURN

Mailing Address 4141 16TH STREET NE

City

HICKORY

State

NC

Zip Code

28601-8408

FEC ID number of contributing
federal political committee.

C

Name of Employer
FRYE REGIONAL MEDICAL CEN-
TER

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR2369304322358

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

JOHN SHORT

Mailing Address 3108 Clymer Drive

City

Plano

State

TX

Zip Code

75025-5325

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
VP - PMI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR2387796622358

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

228.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PAUL CASTANON

Mailing Address 2101 Looscan lane

City

Houston

State

TX

Zip Code

77019-1507

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

VP & Asst. General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR2398953022358

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

MICHAEL HALTER

Mailing Address 111 RIGHTERS MILL RD

City

PENN VALLEY

State

PA

Zip Code

19072-1312

FEC ID number of contributing
federal political committee.

C

Name of Employer

HAHNEMANN UNIVERSITY HOSP-
ITAL

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR406763222358

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

LEONARD ROSENFELD

Mailing Address 12213 PARK BEND DR

City

DALLAS

State

TX

Zip Code

75230-2364

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

408.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR407201322358

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

190.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

THOMAS WOLF

Mailing Address 2613 MILLINGTON DRIVE

City

PLANO

State

TX

Zip Code

75093-3560

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR407205122358

Amount of Each Receipt this Period

32.00

P/R Deduction (\$16.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

STEVE BROWN

Mailing Address 16 SARAH NASH CT

City

DALLAS

State

TX

Zip Code

75225-2072

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

EVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR407210622358

Amount of Each Receipt this Period

380.00

P/R Deduction (\$190.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

JOHN B MCDONALD

Mailing Address 2230 WARNER ROAD

City

FORT WORTH

State

TX

Zip Code

76110-1752

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR407215822358

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

488.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TERESA L HUSKEY

Mailing Address 4333 PERSHING AVE

City

FT WORTH

State

TX

Zip Code

76107-4243

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

SR DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR407218622358

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

SHERRY J HENDERSON

Mailing Address 25 NIGHT HERON PL

City

HICKORY

State

NC

Zip Code

28601-8806

FEC ID number of contributing
federal political committee.

C

Name of Employer

FRYE REGIONAL MEDICAL CEN-
TER

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR407219722358

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

JAMES E MCPARTLAND

Mailing Address 1805 LONGWOOD CT

City

ALLEN

State

TX

Zip Code

75013-3074

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR407221522358

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

118.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOE D THOMASON

Mailing Address 4006 RAMSGATE CT

City

COLLEYVILLE

State

TX

Zip Code

76034-4473

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

402.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR407222122358

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

ROBERT S HENDLER

Mailing Address 11122 W RICKS CIRCLE

City

DALLAS

State

TX

Zip Code

75230-3032

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

REGIONAL CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR407222822358

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

MARK E PEACOCK

Mailing Address 1120 CHESTERTON DR

City

RICHARDSON

State

TX

Zip Code

75080-2919

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR407226022358

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

252.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DOUGLAS E RABE

Mailing Address 9923 CAPRIDGE DR

City

DALLAS

State

TX

Zip Code

75238-3469

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR407227322358

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

MICHAEL S HONGOLA

Mailing Address 6704 WESTMONT DRIVE

City

COLLEYVILLE

State

TX

Zip Code

76034-7263

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR407227622358

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

GARY K RUFF

Mailing Address 714 KENT CT

City

SOUTHLAKE

State

TX

Zip Code

76092-8868

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
SVP & GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1197.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR407229222358

Amount of Each Receipt this Period

384.00

P/R Deduction (\$192.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

464.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WILLIAM T MOORE

Mailing Address 3014 CASTLE PINES DRIVE

City

DULUTH

State

GA

Zip Code

30097-2039

FEC ID number of contributing
federal political committee.

C

Name of Employer
ATLANTA MEDICAL CENTER

Occupation

MARKET CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR407231822358

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

MAXINE T COOPER

Mailing Address 19401 SANDPEBBLE CR

City

HUNTINGTON BEACH

State

CA

Zip Code

92648-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR407233322358

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

GARRY M OLNEY

Mailing Address 2708 ISLAND LEDGE COVE

City

AUSTIN

State

TX

Zip Code

78746-1982

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR407234322358

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

192.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN QUINN

Mailing Address 1138 PINE VALLEY ROAD

City

GRIFFIN

State

GA

Zip Code

30224-4953

FEC ID number of contributing
federal political committee.

C

Name of Employer
SPALDING REGIONAL HOSPITAL

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR407236022358

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

CHARLES MILLER

Mailing Address 747 MENDENHALL CT

City

FORT MILL

State

SC

Zip Code

29715-7852

FEC ID number of contributing
federal political committee.

C

Name of Employer
PIEDMONT MEDICAL CENTER

Occupation
MARKET CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR407241422358

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

JOHN F HOLLAND

Mailing Address 3610 EDGEWATER STREET

City

DALLAS

State

TX

Zip Code

75205-4317

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
SVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1440.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR407242922358

Amount of Each Receipt this Period

192.00

P/R Deduction (\$96.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

344.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JAMES D DORIS

Mailing Address 264 IDLEWILDE LANE

City

SANFORD

State

NC

Zip Code

27332-9304

FEC ID number of contributing
federal political committee.

C

Name of Employer
CENTRAL CAROLINA HOSPITAL

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR407244822358

Amount of Each Receipt this Period

70.00

P/R Deduction (\$35.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

RALPH ALEMAN

Mailing Address 6301 COLLINS AVE #2608

City

MIAMI BEACH

State

FL

Zip Code

33141-4645

FEC ID number of contributing
federal political committee.

C

Name of Employer
HIALEAH HOSPITAL

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR407245322358

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

DAVID L ARCHER

Mailing Address 2594 HOCKSETT COVE

City

GERMANTOWN

State

TN

Zip Code

38139-6655

FEC ID number of contributing
federal political committee.

C

Name of Employer
SAINT FRANCIS HOSPITAL

Occupation
MARKET CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR407250422358

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

190.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

STEPHEN L NEWMAN MD

Mailing Address 11034 TIBBS STREET

City

DALLAS

State

TX

Zip Code

75230-3450

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

CHIEF OPERATING OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2880.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR407257722358

Amount of Each Receipt this Period

384.00

P/R Deduction (\$192.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

ALAN E HODGES

Mailing Address 231 COIN DU LESTIN

City

SLIDELL

State

LA

Zip Code

70460-3509

FEC ID number of contributing
federal political committee.

C

Name of Employer

NORTHSHORE REGIONAL MEDIC-
AL CENTER

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR407262122358

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

ALAN R CASON

Mailing Address 112 GOLDEN PHEASANT ST

City

SLIDELL

State

LA

Zip Code

70461-3116

FEC ID number of contributing
federal political committee.

C

Name of Employer

NORTHSHORE REGIONAL MEDIC-
AL CENTER

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR407263522358

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

464.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GARY L HONTA, JR.

Mailing Address 1855 SILVERWINGS CT

City

MORGAN HILL

State

CA

Zip Code

95037-9002

FEC ID number of contributing
federal political committee.

C

Name of Employer
COMMUNITY HOSPITAL OF LOS
GATOS

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: PR407266422358

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

MICHELE C MEYER

Mailing Address 230 GRIMSLEY STAT BLUFF

City

SAINT LOUIS

State

MO

Zip Code

63129-5030

FEC ID number of contributing
federal political committee.

C

Name of Employer
DES PERES HOSPITAL

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: PR407268522358

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

CRAIG C ARMIN

Mailing Address 23510 BERDON STREET

City

WOODLAND HILLS

State

CA

Zip Code

91367-3004

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: PR407274122358

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

216.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KENT G CLAYTON

Mailing Address 3 TURTLE BAY DRIVE

City

NEWPORT BEACH

State

CA

Zip Code

92660-4266

FEC ID number of contributing
federal political committee.

C

Name of Employer
PLACENTIA LINDA HOSPITAL

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR407278122358

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

CANDACE MARKWITH

Mailing Address 980 ISABELLA WAY

City

SAN LUIS OBISPO

State

CA

Zip Code

93405-6186

FEC ID number of contributing
federal political committee.

C

Name of Employer
SIERRA VISTA REGIONAL MED-
ICAL CENTER

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

444.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR407280322358

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

RODNEY A REASONER

Mailing Address 1960 MARY LEE LN

City

ALLEN

State

TX

Zip Code

75002-8528

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR407280922358

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

228.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MICHELE M FINNEY

Mailing Address 21521 TURTLEDOVE STREET

City

TRABUCO CANYON

State

CA

Zip Code

92679-3486

FEC ID number of contributing
federal political committee.

C

Name of Employer

LOS ALAMITOS MEDICAL CENT-
ER

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

408.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR407283922358

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

KEN WHEAT

Mailing Address 31855 DATE PALM DR#3

City

CATHEDRAL CITY

State

CA

Zip Code

92234-3100

FEC ID number of contributing
federal political committee.

C

Name of Employer

DESERT REGIONAL MEDICAL
CENTER

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR407288722358

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

RICK LYONS

Mailing Address 2425 BATTERING ROCK RD

City

TEMPLETON

State

CA

Zip Code

93465-8371

FEC ID number of contributing
federal political committee.

C

Name of Employer

TWIN CITIES COMMUNITY HOS-
PITAL

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

402.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR413941922358

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

228.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PATRICIA C JOHNSON

Mailing Address 4616 LARGO DR.

City

FLOWER MOUND

State

TX

Zip Code

75028-3936

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

VP FIN PLAN & ANALYSIS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR839196422358

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

EDWIN BODE

Mailing Address 9597 GOTTEN WAY

City

GERMANTOWN

State

TN

Zip Code

38139-5657

FEC ID number of contributing
federal political committee.

C

Name of Employer

SAINT FRANCIS HOSPITAL

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR839296522358

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

EDWARD MESCO

Mailing Address 7365 NW 54TH STREET

City

LAUDERHILL

State

FL

Zip Code

33319-6346

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR839477822358

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

128.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AUDREY T ANDREWS

Mailing Address 702 PENFOLDS

City

COPPELL

State

TX

Zip Code

75019-4544

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

SVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1848.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR840566922358

Amount of Each Receipt this Period

384.00

P/R Deduction (\$192.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

DREW P KAHN

Mailing Address 16015 KEMPTON PARK

City

SPRING

State

TX

Zip Code

77379-6730

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOUSTON NW MEDICAL CENTER

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR840590422358

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

DAVID W BORDOFSKE

Mailing Address 5001 ASHLAND BELLE LANE

City

FRISCO

State

TX

Zip Code

75035-7682

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR840924622358

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

540.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

VIOLETA L MAZZELLA

Mailing Address 8816 CANYON LANDS DRIVE

City

PLANO

State

TX

Zip Code

75025-4221

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR841454322358

Amount of Each Receipt this Period

32.00

P/R Deduction (\$16.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

JOHN TILLY

Mailing Address 1221 WENTWOOD

City

IRVING

State

TX

Zip Code

75061-4456

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

VP & ASST GENERAL COUNSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR842232422358

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

ELIZABETH JOHNSON

Mailing Address 3302 MARSH LANE

City

GRAPEVINE

State

TX

Zip Code

76051-6828

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR842373122358

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

208.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 30 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SUZANNE KOZEL

Mailing Address 161 MEADOW RIDGE LN

City

CHAPEL HILL

State

NC

Zip Code

27517-8847

FEC ID number of contributing
federal political committee.

C

Name of Employer
CAROLINA CROSSROADS SURG

Occupation
DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR843980422358

Amount of Each Receipt this Period

38.60

P/R Deduction (\$19.30 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

MANUEL LINARES

Mailing Address 7710 CENTER BAY DR

City

NORTH BAY VILLAGE

State

FL

Zip Code

33141-4019

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTH SHORE MEDICAL CENTER

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR844477222358

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

PATRICIA L BRAINERD

Mailing Address 5412 GLENSHIRE DR

City

PLANO

State

TX

Zip Code

75093-2800

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
SR DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR844644422358

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

214.60

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

IRENE CHAVEZ

Mailing Address 1340 LOMA VERDE

City

EL PASO

State

TX

Zip Code

79936-7811

FEC ID number of contributing
federal political committee.

C

Name of Employer
PROVIDENCE MEMORIAL HOSPI-
TAL

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR846339322358

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

JAMES CLEMENTS

Mailing Address 3013 GOLF CREST LANE

City

WOODSTOCK

State

GA

Zip Code

30189-8197

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTH FULTON MEDICAL CENT-
ER

Occupation
ASSOC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

354.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: PR849790222358

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

96.00

TOTAL This Period (last page this line number only)

7908.60

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Congressional Hispanic Causes/Building our Leadership Diversity PAC Mailing Address 1831 Bay Street, SE	Transaction ID: 30194094 Date of Disbursement <div> <div>07</div> <div>21</div> <div>2009</div> </div>
City Washington State DC Zip Code 20003 Purpose of Disbursement 2009 Contribution Candidate Name Congressional Hispanic Causes/Building our Leadership Diversity PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>2500.00</div> 2009 Contribution
B. Full Name (Last, First, Middle Initial) Richard Burr Committee; The Mailing Address Post Office Box 5928 City Winston-Salem State NC Zip Code 27113 Purpose of Disbursement 2010 Primary Candidate Name Sen. Richard Burr Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District:	Transaction ID: 30194097 Date of Disbursement <div> <div>07</div> <div>21</div> <div>2009</div> </div> Amount of Each Disbursement this Period <div>2500.00</div> 2010 Primary
C. Full Name (Last, First, Middle Initial) Westmoreland For Congress Mailing Address P.O. Box 458 City Sharpsburg State GA Zip Code 30277 Purpose of Disbursement 2010 Primary Candidate Name Lynn Westmoreland Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 08	Transaction ID: 30194104 Date of Disbursement <div> <div>07</div> <div>21</div> <div>2009</div> </div> Amount of Each Disbursement this Period <div>500.00</div> 2010 Primary

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Hatch Election Committee	Transaction ID: 30194110 Date of Disbursement
Mailing Address 175 South West Temple Suite 650	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 1 / 2 0 0 9</div> </div>
City State Zip Code Salt Lake City UT 84101	Amount of Each Disbursement this Period
Purpose of Disbursement 2012 Primary	<div>1500.00</div>
Candidate Name Orrin Hatch	<div>011</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: UT District:	2012 Primary
B. Full Name (Last, First, Middle Initial) Bob Etheridge for Congress Committee	Transaction ID: 30194120 Date of Disbursement
Mailing Address P.O. Box 28001	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 1 / 2 0 0 9</div> </div>
City State Zip Code Raleigh NC 27611	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary	<div>1000.00</div>
Candidate Name Bob Etheridge	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 02	2010 Primary
C. Full Name (Last, First, Middle Initial) Citizens for Arlen Specter	Transaction ID: 30272377 Date of Disbursement
Mailing Address 255 South 17th Street, #603	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 1 / 2 0 0 9</div> </div>
City State Zip Code Philadelphia PA 19103	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary	<div>2500.00</div>
Candidate Name Arlen Specter	<div>011</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District:	2010 Primary

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Nancy Pelosi For Congress

Mailing Address 607 14th Street, Nw
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
2010 Primary

Candidate Name
Rep. Nancy Pelosi

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 08

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 30313730

Date of Disbursement

07 / 27 / 2009

Amount of Each Disbursement this Period

2500.00

2010 Primary

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

13000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Bill Haslam for Governor

Mailing Address 1015 Stonebridge Park Drive

City
Franklin

State
TN

Zip Code
37069

Purpose of Disbursement
Bill Haslam, GOVERNOR TN

Candidate Name
Mayor Bill Haslam

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 30272394

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

Bill Haslam, GOVERNOR TN

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00